## State of California - Health and Human Services Agency CALIFORNIA OLMSTEAD ADVISORY COMMITTEE APPLICATION

☐ Mr.		
☐ Mrs.		
Ms. FIRST	MIDDLE	LAST
Address (including Zip Code):		
Phone number: ()	_	
E-mail address:		
Gender: Male Female		
Ethnicity (optional):		
☐ American Indian or Alaskan Native ☐	☐ Asian ☐ Bla	ack  Hispanic  Pacific Islander
☐ White ☐ Other (Specify)		🗆
☐ Self nomination?		
☐ Consumer		
☐ Family Member		
☐ Provider (please identify): _		
Other (please identify):	<del> </del>	
☐ Organization/Association?		
Please identify:		
	☐ Mrs.   ☐ Ms.   FIRST    Address (including Zip Code):  Phone number: (	Mrs.   Ms. FIRST MIDDLE    Address (including Zip Code):  Phone number: ()  E-mail address:  Gender:

Note: A letter from the Executive Director of the identified organization/association designating you as being able to speak on its behalf must accompany your application in order to be considered for the workgroup.

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1.	What relevant skills and experience can you bring to the Advisory Workgroup?
	(Limit your response to space provided.)

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Signature of a personal assistant is acceptable.

Please address your mailed or faxed application to: Attention Eileen

Kostanecki/Sarah Steenhausen

Fax: (916) 654-3343 Mail: 1600 9<sup>th</sup> Street, Room 460, Sacramento, CA 95814